

Fill in this information to identify your case:

Debtor 1	Edith Cruz		
	First Name	Middle Name	Last Name
Debtor 2	Ramon D. Cruz-Nieves		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	19-24907		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 280,000.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 280,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 29,456.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 309,456.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 456,453.00
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 456,453.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 0.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 83,581.00
		Your total liabilities \$ 540,034.00

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 7,055.01
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 7,055.01
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 5,989.50
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 5,989.50

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known) **19-24907**

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ **8,355.25**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 0.00

Fill in this information to identify your case and this filing:

Debtor 1	Edith Cruz	
	First Name	Middle Name
Debtor 2	Ramon D. Cruz-Nieves	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY		
Case number	19-24907	

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

1.1

2 Kennedy Court

Street address, if available, or other description

North Plainfield NJ 07062-0000
 City State ZIP Code

What is the property? Check all that apply

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?	Current value of the portion you own?
\$280,000.00	\$280,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Joint tenant

Check if this is community property
 (see instructions)

Somerset

County

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Debtors purchased property on or about May 5, 2005 for \$392,000.00. Debtors list the value of their property at the price it was appraised for on or about July 13, 2019 by certified appraiser, John Mack, Mack Appraisal Service, 39 Whitfield Street, Caldwell, NJ 07006 (973) 226-4144. Property is secured and encumbered by a first mortgage held by Select Portfolio Servicing, Inc., which totals approximately \$342,108.30. The property is also secured by a second mortgage/Home Equity Line of Credit held by JP Morgan Chase Bank, N.A. in the approximate amount of \$83,000.00. Debtors' Chapter 13 Plan proposes a reclassification of the (lien "strip off") second mortgage from a secured to an unsecured claim since it is wholly unsecured. See In re McDonald, 205 F.3d 606 (3d Cir.2000); In re Kemp, 391 B.R. 262 (Bankr. D.N.J. 2008).

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$280,000.00

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**Case number (if known) **19-24907****Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No Yes

3.1 Make: **Chevrolet**
 Model: **Suburban**
 Year: **2015**
 Approximate mileage: **182,970**

Other information:

Market value is based on Kelley Blue Book Online Valuation Service, taking into account vehicle's present physical, mechanical condition and mileage (As of July 25, 2019). Debtor is proposing a cramdown on this claim with respect to adjusting the principal amount owed to the current market value of the vehicle and also adjust the interest rate to 6.5% per Till v. SCS Credit Corp., 124 S.Ct. 1951 (2004).

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?**\$14,315.00****Current value of the portion you own?****\$14,315.00****4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$14,315.00**Part 3: Describe Your Personal and Household Items****Do you own or have any legal or equitable interest in any of the following items?**

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples: Major appliances, furniture, linens, china, kitchenware* No Yes. Describe.....

Debtors' Household Goods. No particular item exceeds \$575.00 in market value.

\$10,000.00**7. Electronics***Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games* No Yes. Describe.....

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known) **19-24907**

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

Debtors' Clothing.

\$2,000.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

Debtors' Jewelry.

\$1,000.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$13,000.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?
Do not deduct secured claims or exemptions.**

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

**Debtors' Cash
on Hand.**

\$40.00

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**Case number (if known) **19-24907****17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes.....

Institution name:

17.1. Checking	Chase Bank, Watchung, NJ.	\$200.00
17.2. Checking	Chase Bank, Watchung, NJ.	\$1,000.00
17.3. Checking	TD Bank, Scotch Plains, NJ.	\$125.00
17.4. Business Checking	Capital One Bank, Union, NJ.	\$776.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

 No Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture	Name of entity:	% of ownership:
	Debtors' interest in Cruz N Trucking, LLC. This business was opened on or about April 16, 2018. This company has ceased operations and has no assets to liquidate. The Debtor is in the process of filing for dissolution with the State of New Jersey.	100 % \$0.00
	Debtors' interest in Ramon D Cruz Nieves, LLC. This business was opened on or about July 6, 2018 and currently employs Debtor.	100 % \$0.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes.

Institution name or individual:

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known) **19-24907**

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No
 Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No
 Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No
 Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No
 Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No
 Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No
 Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No
 Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No
 Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim.....

Debtor 1 **Edith Cruz**
 Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known) **19-24907**

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$2,141.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

**Debtor's potential IVC Filter class action tort case. Debtor's attorney:
 Johnston Law Group, 649 Mission Street, 5th Floor, San Francisco, CA
 94105, Phone No. (415) 744-1500 and co-counsel, Arentz Law Group,
 3101, North Central Avenue, Suite 1500, Phoenix, AZ 85012, Phone No.
 (800) 305-6000.**

Unknown

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2	\$280,000.00
56. Part 2: Total vehicles, line 5	\$14,315.00	
57. Part 3: Total personal and household items, line 15	\$13,000.00	
58. Part 4: Total financial assets, line 36	\$2,141.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
62. Total personal property. Add lines 56 through 61...	\$29,456.00	Copy personal property total \$29,456.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$309,456.00

Fill in this information to identify your case:

Debtor 1	Edith Cruz		
	First Name	Middle Name	Last Name
Debtor 2	Ramon D. Cruz-Nieves		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY	
Case number (if known)	19-24907		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Debtors' Household Goods. No particular item exceeds \$575.00 in market value. Line from <i>Schedule A/B</i> : 6.1	\$10,000.00	<input checked="" type="checkbox"/> \$10,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Debtors' Clothing. Line from <i>Schedule A/B</i> : 11.1	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Debtors' Jewelry. Line from <i>Schedule A/B</i> : 12.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Debtors' Cash on Hand. Line from <i>Schedule A/B</i> : 16.1	\$40.00	<input checked="" type="checkbox"/> \$40.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Checking: Chase Bank, Watchung, NJ. Line from <i>Schedule A/B</i> : 17.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Checking: Chase Bank, Watchung, NJ. Line from <i>Schedule A/B:</i> 17.2	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Checking: TD Bank, Scotch Plains, NJ. Line from <i>Schedule A/B:</i> 17.3	<u>\$125.00</u>	<input checked="" type="checkbox"/> <u>\$125.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Business Checking: Capital One Bank, Union, NJ. Line from <i>Schedule A/B:</i> 17.4	<u>\$776.00</u>	<input checked="" type="checkbox"/> <u>\$776.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Debtor's potential IVC Filter class action tort case. Debtor's attorney: Johnston Law Group, 649 Mission Street, 5th Floor, San Francisco, CA 94105, Phone No. (415) 744-1500 and co-counsel, Arentz Law Group, 3101, North Central Avenue, Suite 1500, Phoenix, Line from <i>Schedule A/B:</i> 53.1	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>\$25,150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(11)(D)

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Fill in this information to identify your case:

Debtor 1	Edith Cruz		
	First Name	Middle Name	Last Name
Debtor 2	Ramon D. Cruz-Nieves		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	19-24907		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
\$83,000.00	\$280,000.00	\$83,000.00

2.1 Chase Home Finance

Creditor's Name

Describe the property that secures the claim:
Debtors' Chapter 13 Plan proposes a reclassification of the second mortgage from a secured to an unsecured claim since it is wholly unsecured. In re McDonald, 205 F.3d 606 (3d Cir.2000); In re Kemp, 391 B.R. 262 (Bankr. D. N.J. 2008).

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) **Second Mortgage**

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 06/21/2006Last 4 digits of account number XXXX

Debtor 1	Edith Cruz	First Name _____	Middle Name _____	Last Name _____	Case number (if known) _____	19-24907
Debtor 2	Ramon D. Cruz-Nieves	First Name _____	Middle Name _____	Last Name _____		

2.2	Chrysler Financial Company, LLC	Describe the property that secures the claim:	\$31,345.00	\$14,315.00	\$17,030.00
	Creditor's Name	2015 Chevrolet Suburban 182,970 miles Market value is based on Kelley Blue Book Online Valuation Service, taking into account vehicle's present physical, mechanical condition and mileage (As of July 25, 2019). Debtor is proposing a cramdown			
	Chrysler Capital ATTN: Bankruptcy Dept. P.O. Box 961278 Fort Worth, TX 76161-1278	As of the date you file, the claim is: Check all that apply.			
	Number, Street, City, State & Zip Code	<input type="checkbox"/> Contingent			
		<input type="checkbox"/> Unliquidated			
		<input checked="" type="checkbox"/> Disputed			

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) **Vehicle**

Date debt was incurred **02/09/2016**

Last 4 digits of account number **7346**

2.3	Select Portfolio Servicing, Inc.	Describe the property that secures the claim:	\$342,108.00	\$280,000.00	\$62,108.00
	Creditor's Name	Debtors defaulted on mortgage and foreclosure proceedings were commenced. Debtors' Chapter 13 plan proposes to cure pre-petition mortgage arrears.			
	P.O. Box 65250 Salt Lake City, UT 84165	As of the date you file, the claim is: Check all that apply.			
	Number, Street, City, State & Zip Code	<input type="checkbox"/> Contingent			
		<input type="checkbox"/> Unliquidated			
		<input checked="" type="checkbox"/> Disputed			

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) **Mortgage**

Date debt was incurred **06/21/2006**

Last 4 digits of account number **5824**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$456,453.00

If this is the last page of your form, add the dollar value totals from all pages.

\$456,453.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Debtor 1	Edith Cruz		Case number (if known)	19-24907
	First Name	Middle Name	Last Name	
Debtor 2	Ramon D. Cruz-Nieves			
	First Name	Middle Name	Last Name	
<input type="checkbox"/>		Name, Number, Street, City, State & Zip Code KML Law Group, P.C. 216 Haddon Avenue, Suite 406 Westmont, NJ 08108		
		On which line in Part 1 did you enter the creditor? <u>2.3</u>		
		Last 4 digits of account number ____		

Fill in this information to identify your case:

Debtor 1	Edith Cruz		
	First Name	Middle Name	Last Name
Debtor 2	Ramon D. Cruz-Nieves		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	19-24907		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	American Adjustment Bureau Nonpriority Creditor's Name P.O. Box 2758 Waterbury, CT 06723 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 601X When was the debt incurred? 01/22/2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts For collection efforts on behalf of James Street Anesthesia Associates for pre-petition medical charges incurred by Debtors. Other acct. nos. ending in 826X and 8224. <input checked="" type="checkbox"/> Other. Specify _____

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.2	American Adjustment Bureau Nonpriority Creditor's Name 73 Field Street Waterbury, CT 06702 Number Street City State Zip Code	Last 4 digits of account number 601X	\$0.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Duplicate claim. Listed for informational and notice purposes only. Other acct. nos. ending in 826X and 8224.			
4.3	American Express Nonpriority Creditor's Name P.O. Box 981537 El Paso, TX 79998 Number Street City State Zip Code	Last 4 digits of account number 3044	\$1,627.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
For charges incurred with the American Express credit card (1008). Other acct. no. ending in 2204 1005. (Husband).			
4.4	American Express Nonpriority Creditor's Name P.O. Box 297871 Fort Lauderdale, FL 33329-7871 Number Street City State Zip Code	Last 4 digits of account number 3044	\$0.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Duplicate claim. Listed for informational and notice purposes only. Other acct. no. ending in 2204 1005. (Husband).			

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.5	American Express Nonpriority Creditor's Name P.O. Box 981535 El Paso, TX 79998 Number Street City State Zip Code	Last 4 digits of account number 3044	\$0.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Duplicate claim. Listed for informational and notice purposes only. Other acct. no.			
<input checked="" type="checkbox"/> Other. Specify <u>ending in 2204 1005. (Husband).</u>			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
For collection efforts on behalf of Devang G. Patel, MD for pre-petition medical charges incurred by Debtor (Wife).			
4.6 Ashwood Financial Services Nonpriority Creditor's Name 6325-A South East Street Indianapolis, IN 46227 Number Street City State Zip Code			
Last 4 digits of account number 5675			
When was the debt incurred? 04/01/2014			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
For collection efforts on behalf of Devang G. Patel, MD for pre-petition medical charges incurred by Debtor (Wife).			
4.7 Assisting Hands Home Care Nonpriority Creditor's Name A/K/A TYCE LLC 513 West Mt. Prospect Avenue, Suite 111 Livingston, NJ 07039 Number Street City State Zip Code			
Last 4 digits of account number XXXX			
When was the debt incurred? 6/2019			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <u>For a personal loan incurred by Debtor.</u>			

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.8

AT&T Wireless

Nonpriority Creditor's Name

**17000 Cantrell Road
Little Rock, AR 72223**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

6213**\$300.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

For past due mobile charges incurred by Debtor. Claim was placed for collection with Credence Resource Management LLC.

Other. Specify

4.9

AT&T Wireless

Nonpriority Creditor's Name

**1801 Valley View Lane
Dallas, TX 75234-8906**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

6213**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Duplicate claim. Listed for informational and notice purposes only.

Other. Specify

4.1
0**AT&T Wireless**

Nonpriority Creditor's Name

**P.O. Box 10330
Fort Wayne, IN 46851-0330**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

6213**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Duplicate claim. Listed for informational and notice purposes only.

Other. Specify

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.1 1	<p>Capital One Bank USA NA Nonpriority Creditor's Name PO Box 30281 Salt Lake City, UT 84130-0281 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2295 \$3,880.00</p> <p>When was the debt incurred? 06/23/2013</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p style="text-align: center;">For charges incurred with the Capital One Bank credit card. Other acct. nos. ending in 6215, 2097 and 5098 (Husband).</p>
4.1 2	<p>Capital One Bank USA NA Nonpriority Creditor's Name PO Box 30285 Salt Lake City, UT 84130-0285 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2295 \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p style="text-align: center;">Duplicate claim. Listed for informational and notice purposes only. Other acct. nos. ending in 6215, 2097 and 5098 (Husband).</p>
4.1 3	<p>Capital One Bank USA NA Nonpriority Creditor's Name P.O. Box 85015 Richmond, VA 23285-5075 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2295 \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p style="text-align: center;">Duplicate claim. Listed for informational and notice purposes only. Other acct. nos. ending in 6215, 2097 and 5098 (Husband).</p>

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.1 4	Chase Home Finance Nonpriority Creditor's Name P.O. Box 901076 Fort Worth, TX 76101-2076 Number Street City State Zip Code	Last 4 digits of account number XXXX	\$0.00
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Duplicate claim. Listed for informational and notice purposes only.</p>			
4.1 5	Chrysler Financial Company LLC Nonpriority Creditor's Name Chrysler Capital P.O. Box 961275 Fort Worth, TX 76161 Number Street City State Zip Code	Last 4 digits of account number 7346	\$0.00
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Duplicate claim. Listed for informational and notice purposes only.</p>			
4.1 6	Chrysler Financial Company LLC Nonpriority Creditor's Name Chrysler Capital P.O. Box 961245 Fort Worth, TX 76161 Number Street City State Zip Code	Last 4 digits of account number 7346	\$0.00
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Duplicate claim. Listed for informational and notice purposes only.</p>			

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.1
7

Comenity Bank Nonpriority Creditor's Name C/O New York & Company PO Box 182789 Columbus, OH 43218-2789	Last 4 digits of account number 8996	\$561.00
Number Street City State Zip Code	When was the debt incurred? 02/02/2018	
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
For charges incurred with the Comenity Bank issued New York & Company charge card. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify _____		

4.1
8

Comenity Bank Nonpriority Creditor's Name C/O New York & Company P.O. Box 182125 Columbus, OH 43218	Last 4 digits of account number 8996	\$0.00
Number Street City State Zip Code	When was the debt incurred?	
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Duplicate claim. Listed for informational and notice purposes only. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify _____		

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

<div style="border: 1px solid black; padding: 2px;">4.1 9</div> <p>Comenity Bank Nonpriority Creditor's Name C/O New York & Company PO Box 182273 Columbus, OH 43218 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8996 \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Duplicate claim. Listed for informational and notice purposes only.</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
<hr/> <div style="border: 1px solid black; padding: 2px;">4.2 0</div> <p>Credence Resource Management LLC Nonpriority Creditor's Name 17000 Dallas Parkway, Suite 204 Dallas, TX 75248 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number 8038 \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>For collection efforts on behalf of AT&T for past due mobile charges incurred by Debtor (Wife). Other acct. no. ending in 8070. For collection efforts on behalf of T-Mobile for past due mobile charges incurred by Debtor (Husband).</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.2
1

Credence Resource Management LLC		Last 4 digits of account number <u>8038</u>	\$0.00
Nonpriority Creditor's Name P.O. Box 2147 Southgate, MI 48195		When was the debt incurred?	
Number Street City State Zip Code		As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt			
Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		Duplicate claim. Listed for informational and notice purposes only. Other acct. no. ending in 8070. For collection efforts on behalf of T-Mobile for past due mobile charges incurred by Debtor (Husband).	
		■ Other. Specify _____	

4.2
2

Credence Resource Management LLC		Last 4 digits of account number <u>8038</u>	\$0.00
Nonpriority Creditor's Name P.O. Box 2390 Southgate, MI 48195		When was the debt incurred?	
Number Street City State Zip Code		As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt			
Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		Duplicate claim. Listed for informational and notice purposes only. Other acct. no. ending in 8070. For collection efforts on behalf of T-Mobile for past due mobile charges incurred by Debtor (Husband).	
		■ Other. Specify _____	

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.2
3

David B. Watner Nonpriority Creditor's Name P.O. Box 6189 1129 Bloomfield Avenue, Suite 208 West Caldwell, NJ 07007	Last 4 digits of account number 3218	\$ 0.00
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Other. Specify _____		
For attorneys' fees and costs relating to prosecuting the legal matter entitled: "University Radiology Group v. Edith Cruz," Docket No. DC-004932-18 VJ-000776-19.		
<input type="checkbox"/> Yes		

4.2
4

Devang G. Patel, MD Nonpriority Creditor's Name 904 Oak Tree Avenue H South Plainfield, NJ 07080	Last 4 digits of account number 5675	\$ 1,001.00
When was the debt incurred? _____		
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Other. Specify _____		
For pre-petition medical charges incurred by Debtor (Wife). Claim was placed for collection with Ashwood Financial Services.		
<input type="checkbox"/> Yes		

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.2 5	<p>Discover Financial Services Nonpriority Creditor's Name PO Box 15316 Wilmington, DE 19850-5316 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1343 \$2,153.00</p> <p>When was the debt incurred? 02/15/2018</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>For charges incurred with the Discover credit card. Other acct. no. ending in 9413 (Husband).</p>
4.2 6	<p>Discover Financial Services Nonpriority Creditor's Name PO Box 30943 Salt Lake City, UT 84130 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1343 \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Duplicate claim. Listed for informational and notice purposes only. Other acct. no. ending in 9413 (Husband).</p>
4.2 7	<p>Discover Financial Services Nonpriority Creditor's Name PO Box 30421 Salt Lake City, UT 84130 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1343 \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Duplicate claim. Listed for informational and notice purposes only. Other acct. no. ending in 9413 (Husband).</p>

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.2 8	Eastern Dental of Union, LLC Nonpriority Creditor's Name 2115 Route 22 West Union, NJ 07083 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0981 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts For pre-petition dental charges incurred by Debtor (Husband).	\$65.00
4.2 9	Edison Radiology Group PA Nonpriority Creditor's Name 65 James Street Edison, NJ 08820-3947 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6156 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts For pre-petition medical charges incurred by Debtors. Other accts. nos. ending in 0342 and 0476. Claims were placed for collection with Online Collections/Online Information Services.	\$830.00

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

<p>4.3 0</p> <p>Edison Radiology Group PA Nonpriority Creditor's Name P.O. Box 3271 Indianapolis, IN 46206-3271 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6156 \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p style="text-align: center;">Duplicate claim. Listed for informational and notice purposes only. Other acct. nos. ending in 0342 and 0476.</p>
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<p>4.3 1</p> <p>Edison Radiology Group PA Nonpriority Creditor's Name P.O. Box 2187 Edison, NJ 08818-2187 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6156 \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p style="text-align: center;">Duplicate claim. Listed for informational and notice purposes only. Other acct. nos. ending in 0342 and 0476.</p>
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Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-249074.3
2**Gastroenterology Consultants Of SJ**

Nonpriority Creditor's Name

**Amherst Commons, Building A,
Suite 2
693 Main Street
Lumberton, NJ 08048**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number **9968****\$1,094.00**

When was the debt incurred?

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

For pre-petition medical charges incurred by Debtors. Claim was placed for collection with Savit Collection Agency.

4.3
3**Hematology Oncology Consultant**

Nonpriority Creditor's Name

**Beaula V. Koduri, MD
2110 Oak Treet Road
Edison, NJ 08820**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number **0937****\$843.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

For pre-petition medical charges incurred by Debtor (Wife). Claim was placed for collection with Quality Asset Recovery LLC.

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.3 4	Hyundai Motor Finance Nonpriority Creditor's Name A/K/A KIA Motors Finance Credit Dispute P.O. Box 20835 Fountain Valley, CA 92728 Number Street City State Zip Code	Last 4 digits of account number 1372	Unknown
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	For any potential deficiency balance incurred by Debtor for the early termination and return of a 2017 Honda Santafe vehicle.	

4.3 5	Hyundai Motor Finance Nonpriority Creditor's Name A/K/A KIA Motors Finance Credit Dispute P.O. Box 20835 Fountain Valley, CA 92728 Number Street City State Zip Code	Last 4 digits of account number 5447	\$19,152.00
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	For a 36 month lease incurred by Debtor (Wife) relating to a 2019 Hyundai Tuscan vehicle. Debtor will either assume the lease or continue to make lease payments on this vehicle commensurate with her ability to maintain said payments.	

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.3 6	Hyundai Motor Finance Nonpriority Creditor's Name A/K/A KIA Motors Finance ATTN: Correspondence P.O. Box 20829 Fountain Valley, CA 92728 Number Street City State Zip Code	Last 4 digits of account number 1372	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		When was the debt incurred? <hr/>	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Duplicate claim. Listed for informational and notice purposes only. Other acct. no. ending in 5447.			
<input type="checkbox"/> Yes		■ Other. Specify _____	

4.3 7	Hyundai Motor Finance Nonpriority Creditor's Name A/K/A KIA Motors Finance 4000 Macarthur Boulevard, Suite 1000 Newport Beach, CA 92660 Number Street City State Zip Code	Last 4 digits of account number 1372	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		When was the debt incurred? <hr/>	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Duplicate claim. Listed for informational and notice purposes only. Other acct. no. ending in 5447.			
<input type="checkbox"/> Yes		■ Other. Specify _____	

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.3 8</div> Hyundai Motor Finance Nonpriority Creditor's Name A/K/A KIA Motor Finance 10550 Talbert Avenue Fountain Valley, CA 92708-6031 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1372 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <p style="text-align: center;">Duplicate claim. Listed for informational and notice purposes only. Other acct. no. ending in 5447.</p> <input checked="" type="checkbox"/> Other. Specify <u>ending in 5447.</u>	\$0.00
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<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.3 9</div> James Street Anesthesia Associates Nonpriority Creditor's Name 102 James Street, Suite 103 Edison, NJ 08820 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 601X When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <p style="text-align: center;">For pre-petition medical charges incurred by Debtors. Claim was placed for collection with American Adjustment Bureau. Other acct. nos. ending in 826X and 8224.</p> <input checked="" type="checkbox"/> Other. Specify <u>ending in 826X and 8224.</u>	\$2,042.00
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Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

**4.4
0**

JFK Medical Center Nonpriority Creditor's Name 80 James Street, 4th Floor Edison, NJ 08820	Last 4 digits of account number 5835	\$ 8,236.00
Number Street City State Zip Code	When was the debt incurred? 04/18/2015	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
For pre-petition medical charges incurred by Debtors. Other acct. no. ending in 9354.		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify For pre-petition medical charges incurred by Debtors. Other acct. no. ending in 9354.		

**4.4
1**

JFK Medical Center Nonpriority Creditor's Name P.O. Box 11913 Newark, NJ 07101	Last 4 digits of account number 5835	\$ 0.00
Number Street City State Zip Code	When was the debt incurred?	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Duplicate claim. Listed for informational and notice purposes only. Other acct. no. ending in 9354.		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Duplicate claim. Listed for informational and notice purposes only. Other acct. no. ending in 9354.		

**4.4
2**

KML Law Group, P.C. Nonpriority Creditor's Name 216 Haddon Avenue, Suite 406 Westmont, NJ 08108	Last 4 digits of account number 10FC	\$ 0.00
Number Street City State Zip Code	When was the debt incurred?	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
For attorneys' fees and costs relating to prosecuting the foreclosure action entitled: "U.S. Bank National Association v. Ramon Cruz, et als.," Docket No. F-009876-19.		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify For attorneys' fees and costs relating to prosecuting the foreclosure action entitled: "U.S. Bank National Association v. Ramon Cruz, et als.," Docket No. F-009876-19.		

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

<p>KML Law Group, P.C. Nonpriority Creditor's Name BNY Mellon Independence Center 701 Market Street, Suite 5000 Philadelphia, PA 19106</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 10FC \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Duplicate claim. Listed for informational and notice purposes only.</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
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<p>LabCorp Nonpriority Creditor's Name Laboratory Corporation Of America P.O. Box 2240 Burlington, NC 27216-2240</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8370 \$279.00</p> <p>When was the debt incurred? 05/05/2018</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>For pre-petition laboratorial charges incurred by Debtors. Other acct. nos. ending in 2650 and 7930.</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
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Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.4 5</div> LabCorp Nonpriority Creditor's Name Laboratory Corporation Of America 1250 Chapel Hill Road Burlington, NC 27215 Number Street City State Zip Code	Last 4 digits of account number 8370 When was the debt incurred? As of the date you file, the claim is: Check all that apply	\$0.00
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Duplicate claim. Listed for informational and notice purposes only. Other acct. nos. ending in 2650 and 7930.		
<hr/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.4 6</div> LCA Collections Nonpriority Creditor's Name C/O Laboratory Corporation of America P.O. Box 2240 Burlington, NC 27216-2240 Number Street City State Zip Code		
Last 4 digits of account number 8370 When was the debt incurred? As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify For collection efforts on behalf of LabCorp for pre-petition medical charges incurred by Debtors. Other acct. no. ending in 2650.		

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.4 7</div> LCA Collections Nonpriority Creditor's Name C/O Laboratory Corporation of America 1250 Chapel Hill Road Burlington, NC 27215 Number Street City State Zip Code	Last 4 digits of account number 8370 When was the debt incurred?	\$0.00
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Duplicate claim. Listed for informational and notice purposes only. Other acct. no. ending in 2650.		
<input type="checkbox"/> Other. Specify ■ Other. Specify <u>ending in 2650.</u>		
<hr/>		
Middlesex Emergency Physicians, PA Nonpriority Creditor's Name 65 James Street Edison, NJ 08820-3947 Number Street City State Zip Code		
Last 4 digits of account number 9071 When was the debt incurred?		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
For pre-petition medical charges incurred by Debtor (Wife).		
<input type="checkbox"/> Other. Specify ■ Other. Specify <u>For pre-petition medical charges incurred by Debtor (Wife).</u>		
<hr/>		
Middlesex Emergency Physicians, PA Nonpriority Creditor's Name P.O. Box 740021 Cincinnati, OH 45274-0021 Number Street City State Zip Code		
Last 4 digits of account number 9071 When was the debt incurred?		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Duplicate claim. Listed for informational and notice purposes only.		
<input type="checkbox"/> Other. Specify ■ Other. Specify <u>Duplicate claim. Listed for informational and notice purposes only.</u>		

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.5 0	<p>Middlesex Emergency Physicians, PA Nonpriority Creditor's Name C/O Akron Billing Center 3585 Ridge Park Drive Akron, OH 44333-8203 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9071 \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Duplicate claim. Listed for informational and notice purposes only.</p>
4.5 1	<p>New Jersey Manufacturers Insurance Nonpriority Creditor's Name 1599 Littleton Road Parsippany, NJ 07054 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8803 \$4,724.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>For charges incurred by Debtor relating to a subrogation claim. Claim was placed for collection with Vengroff Williams, Inc.</p>
4.5 2	<p>New Jersey Manufacturers Insurance Nonpriority Creditor's Name 301 Sullivan Way West Trenton, NJ 08628 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8803 \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Duplicate claim. Listed for informational and notice purposes only.</p>

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

<p>4.5 3</p> <p>Online Information Services Nonpriority Creditor's Name A/K/A Online Collections P.O. Box 1489 Winterville, NC 28590</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6156</p> <p>When was the debt incurred? 09/15/2015</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>For collection efforts on behalf of Edison Radiology Group for pre-petition medical charges incurred by Debtors. Other acct. nos. ending in 0342 and 0476.</p> <p><input checked="" type="checkbox"/> Other. Specify nos. ending in 0342 and 0476.</p>	\$0.00
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<p>4.5 4</p> <p>Online Information Services Nonpriority Creditor's Name A/K/A Online Collections 685 West Firetower Road Winterville, NC 28590</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6156</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Duplicate claim. Listed for informational and notice purposes only. Other acct. nos. ending in 0342 and 0476.</p> <p><input checked="" type="checkbox"/> Other. Specify nos. ending in 0342 and 0476.</p>	\$0.00
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Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.5 5	PayPal Credit Nonpriority Creditor's Name P.O. Box 5138 Timonium, MD 21094 Number Street City State Zip Code	Last 4 digits of account number 2462 When was the debt incurred?	\$969.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
For charges incurred with the PayPal Credit charge card. <input checked="" type="checkbox"/> Other. Specify _____			
4.5 6	PayPal Credit Nonpriority Creditor's Name P.O. Box 5018 Timonium, MD 21094 Number Street City State Zip Code	Last 4 digits of account number 2462 When was the debt incurred?	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Duplicate claim. Listed for informational and notice purposes only. <input checked="" type="checkbox"/> Other. Specify _____			
4.5 7	Quality Asset Recovery, LLC Nonpriority Creditor's Name 7 Foster Avenue, Suite 101 Gibbsboro, NJ 08026 Number Street City State Zip Code	Last 4 digits of account number 0937 When was the debt incurred? 06/05/2017	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
For collection efforts on behalf of Hematology Oncology Consultant for pre-petition medical charges incurred by Debtor (Wife). <input checked="" type="checkbox"/> Other. Specify _____			

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.5
8

Quest Diagnostics, Inc. Nonpriority Creditor's Name 3 Giralta Farms Madison, NJ 07940 Number Street City State Zip Code	Last 4 digits of account number 2618	\$180.00
Who incurred the debt? Check one.	When was the debt incurred? 07/27/2018	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	For pre-petition laboratorial charges incurred by Debtor (Wife). <input checked="" type="checkbox"/> Other. Specify _____	

4.5
9

Quest Diagnostics, Inc. Nonpriority Creditor's Name P.O. Box 740985 Cincinnati, OH 45274-0985 Number Street City State Zip Code	Last 4 digits of account number 2618	\$0.00
Who incurred the debt? Check one.	When was the debt incurred?	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Duplicate claim. Listed for informational and notice purposes only. <input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.6 0	Remex, Inc. Nonpriority Creditor's Name Revenue Management Excellance 307 Wall Street Princeton, NJ 08540-1515	Last 4 digits of account number 8471	\$0.00
	Number Street City State Zip Code	When was the debt incurred? 12/01/2016	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No	For collection efforts on behalf of University Radiology Group PC for pre-petition medical charges incurred by Debtors. Other acct. nos. ending in 8965 and 8323.	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.6 1	Savit Collection Agency Nonpriority Creditor's Name P.O. Box 250 East Brunswick, NJ 08816-0250	Last 4 digits of account number 9968	\$0.00
	Number Street City State Zip Code	When was the debt incurred? 08/30/2016	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No	For collection efforts on behalf of Gastroenterology Consultants for pre-petition medical charges incurred by Debtors.	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.6 2	<p>Savit Collection Agency Nonpriority Creditor's Name 46 West Ferris Street East Brunswick, NJ 08816 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes Duplicate claim. Listed for informational and notice purposes only.</p>	<p>Last 4 digits of account number 9968</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	<p>\$0.00</p>
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4.6 3	<p>Select Portfolio Servicing, Inc. Nonpriority Creditor's Name 3217 South Decker Lake Drive Salt Lake City, UT 84119 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes Duplicate claim. Listed for informational and notice purposes only.</p>	<p>Last 4 digits of account number 5824</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	<p>\$0.00</p>
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4.6 4	<p>Select Portfolio Servicing, Inc. Nonpriority Creditor's Name 3815 South West Temple Salt Lake City, UT 84115 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes Duplicate claim. Listed for informational and notice purposes only.</p>	<p>Last 4 digits of account number 5824</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	<p>\$0.00</p>
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Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.6 5	<p>Service Finance Company LLC Nonpriority Creditor's Name 555 South Federal Highway, Suite 200 Boca Raton, FL 33432 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	<p>Last 4 digits of account number 8318</p> <p>When was the debt incurred? 10/04/2018</p> <p>As of the date you file, the claim is: Check all that apply</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> For an unsecured loan loan incurred by Debtor.</p>	\$24,156.00
4.6 6	<p>Southwest Credit Systems, L.P. Nonpriority Creditor's Name SW Credit Systems, Inc. 4120 International Parkway, Suite 1100 Carrollton, TX 75007-1958 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	<p>Last 4 digits of account number 0400</p> <p>When was the debt incurred? 03/03/2019</p> <p>As of the date you file, the claim is: Check all that apply</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> For collection efforts on behalf of T-Mobile for past due mobile charges incurred by Debtor (acct. no. ending in 4374).</p>	\$0.00

**Debtor 1 Edith Cruz
Debtor 2 Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

<p>Southwest Credit Systems, L.P.</p> <p>Nonpriority Creditor's Name 5910 West Plano, Suite 100 Plano, TX 75093</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0400</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify Duplicate claim. Listed for informational and notice purposes only.</p>
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<p>Synchrony Bank</p> <p>Nonpriority Creditor's Name C/O GAP P.O. Box 965005 Orlando, FL 32896</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9631</p> <p>When was the debt incurred? 01/07/2018</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>For charges incurred with the Synchrony Bank issued GAP charge card.</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
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<p>Synchrony Bank</p> <hr/> <p>Nonpriority Creditor's Name C/O GAP PO Box 965036 Orlando, FL 32896</p> <hr/> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9631</p> <hr/> <p>When was the debt incurred?</p> <hr/> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Duplicate claim. Listed for informational and notice purposes only.</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
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Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.7 0	Synchrony Bank Nonpriority Creditor's Name C/O GAP ATTN: Bankruptcy Dept. P.O. Box 965060 Orlando, FL 32896-5060 Number Street City State Zip Code	Last 4 digits of account number 9631	\$0.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>When was the debt incurred?</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Duplicate claim. Listed for informational and notice purposes only.</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	

4.7 1	Synchrony Bank Nonpriority Creditor's Name C/O TJX Rewards P.O. Box 965015 Orlando, FL 32896-5015 Number Street City State Zip Code	Last 4 digits of account number 9494	\$149.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>For charges incurred with the Synchrony Bank issued TJX Rewards charge card.</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.7
2

Synchrony Bank Nonpriority Creditor's Name C/O TJX Rewards PO Box 965036 Orlando, FL 32896	Last 4 digits of account number 9494	\$0.00
Number Street City State Zip Code	When was the debt incurred?	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Duplicate claim. Listed for informational and notice purposes only. <input checked="" type="checkbox"/> Other. Specify _____	

4.7
3

Synchrony Bank Nonpriority Creditor's Name C/O TJX Rewards Bankruptcy Dept. P.O. Box 965064 Orlando, FL 32896	Last 4 digits of account number 9494	\$0.00
Number Street City State Zip Code	When was the debt incurred?	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Duplicate claim. Listed for informational and notice purposes only. <input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.7
4

Synchrony Bank Nonpriority Creditor's Name C/O Walmart P.O. Box 965024 Orlando, FL 32896	Last 4 digits of account number 8490	\$ 858.00
Number Street City State Zip Code	When was the debt incurred? 01/08/2017	
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
For charges incurred with the Synchrony Bank issued Walmart charge card.		

4.7
5

Synchrony Bank Nonpriority Creditor's Name C/O Walmart PO Box 965036 Orlando, FL 32896	Last 4 digits of account number 8490	\$ 0.00
Number Street City State Zip Code	When was the debt incurred?	
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Duplicate claim. Listed for informational and notice purposes only.		

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.7 6	Synchrony Bank Nonpriority Creditor's Name C/O Walmart Bankruptcy Dept. P.O. Box 965064 Orlando, FL 32896 Number Street City State Zip Code	Last 4 digits of account number 8490	\$0.00
		When was the debt incurred?	
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Duplicate claim. Listed for informational and notice purposes only.			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Other. Specify _____	
4.7 7	Synchrony Bank Nonpriority Creditor's Name C/O Mattress Firm PO Box 965036 Orlando, FL 32896 Number Street City State Zip Code	Last 4 digits of account number 7494	\$454.00
		When was the debt incurred? 06/08/2018	
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
For charges incurred with the Synchrony Bank issued Mattress Firm charge card.			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Other. Specify _____	

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.7
8

Synchrony Bank Nonpriority Creditor's Name C/O Mattress Firm P.O. Box 965005 Orlando, FL 32896	Last 4 digits of account number 7494	\$0.00
Number Street City State Zip Code	When was the debt incurred?	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Duplicate claim. Listed for informational and notice purposes only. <input checked="" type="checkbox"/> Other. Specify _____	

4.7
9

Synchrony Bank Nonpriority Creditor's Name C/O Mattress Firm Bankruptcy Dept. P.O. Box 965064 Orlando, FL 32896	Last 4 digits of account number 7494	\$0.00
Number Street City State Zip Code	When was the debt incurred?	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Duplicate claim. Listed for informational and notice purposes only. <input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.8 0	T-Mobile Nonpriority Creditor's Name Attn: Customer Relations PO Box 37380 Albuquerque, NM 87176-7380	Last 4 digits of account number 4374	\$971.00
Number Street City State Zip Code		When was the debt incurred?	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> Other. Specify For past due mobile charges incurred by Debtor. Claim was placed for collection with Southwest Credit Systems and Credence Resource Management LLC.			

4.8 1	T-Mobile Nonpriority Creditor's Name Attn: Customer Relations PO Box 742596 Cincinnati, OH 45274-2596	Last 4 digits of account number 4374	\$0.00
Number Street City State Zip Code		When was the debt incurred?	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> Other. Specify Duplicate claim. Listed for informational and notice purposes only.			

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

<p>4.8 2</p> <p>T-Mobile Nonpriority Creditor's Name Attn: Customer Relations 12920 SE 38th Street Bellevue, WA 98006</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4374 \$0.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Duplicate claim. Listed for informational and notice purposes only.</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
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<p>4.8 3</p> <p>U.S. Bank National Association Nonpriority Creditor's Name 425 Walnut Street Cincinnati, OH 45202</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 7619 \$0.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Listed for informational and notice purposes only. Relating to foreclosure judgment in the legal matter entitled: "U.S. Bank National Association v. Ramon Cruz, et als.," Docket No. F-009876-19.</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
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Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

<p>4.8 4</p> <p>U.S. Bank National Association Nonpriority Creditor's Name EP-MN-WS4L West Side Flats 60 Livingston Avenue Saint Paul, MN 55107 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 7619 \$0.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Duplicate claim. Listed for informational and notice purposes only.</p>
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<p>4.8 5</p> <p>U.S. Bank National Association Nonpriority Creditor's Name 101 North Phillips Avenue Sioux Falls, SD 57104 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 7619 \$0.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Duplicate claim. Listed for informational and notice purposes only.</p>
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Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

4.8
6

University Radiology Group PC Nonpriority Creditor's Name PO Box 1075 579A Cranbury Road East Brunswick, NJ 08816-1075	Last 4 digits of account number 8323	\$100.00
When was the debt incurred?		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
For pre-petition medical charges incurred by Debtor. Claim was placed for collection with REMEX, Inc.		
<input type="checkbox"/> Other. Specify Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.8
7

University Radiology Group PC Nonpriority Creditor's Name PO Box 1075 579A Cranbury Road East Brunswick, NJ 08816-1075	Last 4 digits of account number 0044	\$1,425.00
When was the debt incurred? 02/25/2016		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
For pre-petition medical charges incurred by Debtor. Claim was placed for collection with REMEX, Inc. Claim is subject of a judgment obtained in the legal matter entitled: "University Radiology Group v. Edith Cruz," Docket No. DC-004932-18.		
<input type="checkbox"/> Other. Specify Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

<p>4.8 8</p> <p>Vengroff Williams, Inc. Nonpriority Creditor's Name 8440 North Tamiami Trail Sarasota, FL 34243 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5148 \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>For collection efforts on behalf of NJ Manufacturers Insurance relating to a subrogation claim (claim no. ending in 8803).</p> <p>■ Other. Specify _____</p>
<hr/> <p>4.9 9</p> <p>Vengroff Williams, Inc. Nonpriority Creditor's Name 368 Veteran's Memorial Highway, Suite 11 Commack, NY 11725 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number 5148 \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Duplicate claim. Listed for informational and notice purposes only.</p> <p>■ Other. Specify _____</p>	
<hr/> <p>4.9 0</p> <p>Verizon Nonpriority Creditor's Name P.O. Box 650584 Dallas, TX 75265 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	
<p>Last 4 digits of account number 3221 \$297.00</p> <p>When was the debt incurred? 08/04/2009</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>For past due residential phone charges incurred by Debtor (Wife).</p> <p>■ Other. Specify _____</p>	

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

**4.9
1**

Verizon Nonpriority Creditor's Name Attn: Billing Office 236 E. Town Street #170 Columbus, OH 43215-4633	Last 4 digits of account number 3221	\$ 0.00
Number Street City State Zip Code	When was the debt incurred?	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	Duplicate claim. Listed for informational and notice purposes only.	
<input checked="" type="checkbox"/> Other. Specify		

**4.9
2**

Verizon Nonpriority Creditor's Name 500 Technology Drive, Suite 550 Weldon Springs, MO 63304	Last 4 digits of account number 3221	\$ 0.00
Number Street City State Zip Code	When was the debt incurred?	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	Duplicate claim. Listed for informational and notice purposes only.	
<input checked="" type="checkbox"/> Other. Specify		

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
David B. Watner
P.O. Box 6189
1129 Bloomfield Avenue, Suite 208
West Caldwell, NJ 07007

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.87 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address
KML Law Group, P.C.
216 Haddon Avenue, Suite 406
Westmont, NJ 08108

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.83 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total Claim

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**Case number (if known) **19-24907**

Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
Total claims from Part 2	6e. Total Priority. Add lines 6a through 6d.	6e. \$ 0.00
	6f. Student loans	6f. \$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 83,581.00
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ 83,581.00

Fill in this information to identify your case:

Debtor 1	Edith Cruz		
	First Name	Middle Name	Last Name
Debtor 2	Ramon D. Cruz-Nieves		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	19-24907		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Hyundai Motor Finance A/K/A KIA Motors Finance Credit Dispute P.O. Box 20835 Fountain Valley, CA 92728	For a 36 month lease incurred by Debtor (Wife) relating to a 2019 Hyundai Tuscan vehicle. The vehicle is being used by the Debtor for personal transportation, including commuting to and from work. Debtor will either assume the lease or continue to make lease payments on this vehicle commensurate with their ability to maintain said payments.

Fill in this information to identify your case:

Debtor 1	Edith Cruz		
	First Name	Middle Name	Last Name
Debtor 2	Ramon D. Cruz-Nieves		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	19-24907		

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 **Wandaly Cruz**
2 Kennedy Court
North Plainfield, NJ 07062

Schedule D, line _____
 Schedule E/F, line 4.65
 Schedule G _____
Service Finance Company LLC

Fill in this information to identify your case:

Debtor 1	<u>Edith Cruz</u>
Debtor 2 (Spouse, if filing)	<u>Ramon D. Cruz-Nieves</u>
United States Bankruptcy Court for the:	<u>DISTRICT OF NEW JERSEY</u>
Case number (If known)	<u>19-24907</u>

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<u>Director of Client Services</u>	<u>Self-Employed Uber Driver</u>
Employer's name	<u>Assisting Hands Home Care</u>	<u>Ramon D Cruz Nieves LLC</u>
Employer's address	<u>A/K/A TYCE LLC 513 West Mt. Prospect Avenue, Suite 111 Livingston, NJ 07039</u>	<u>2 Kennedy Court North Plainfield, NJ 07062</u>

How long employed there? 3 Years

3 Years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>4,666.68</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>4,666.68</u>	\$ <u>0.00</u>

Debtor 1 **Edith Cruz**
 Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse	
4. _____	\$ 4,666.68	\$ 0.00	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 798.16	\$ 0.00	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00	
5e. Insurance	5e. \$ 0.00	\$ 0.00	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 0.00	\$ 0.00	
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+ \$ 0.00	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 798.16	\$ 0.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 3,868.52	\$ 0.00	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 2,160.16	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00	
8h. Other monthly income. Specify: Pro-Rated Tax Refund Assistance from Daughter Assistance from 2nd Daughter	8h.+ \$ 226.33	+ \$ 0.00	
8h. Other monthly income. Specify: Assistance from Daughter	\$ 400.00	\$ 0.00	
8h. Other monthly income. Specify: Assistance from 2nd Daughter	\$ 400.00	\$ 0.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 3,186.49	\$ 0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 7,055.01	+ \$ 0.00	= \$ 7,055.01
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ 0.00		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 7,055.01		
13. Do you expect an increase or decrease within the year after you file this form?	<input checked="" type="checkbox"/> No.		
	<input type="checkbox"/> Yes. Explain: _____		
		Combined monthly income	

Fill in this information to identify your case:

Debtor 1	<u>Edith Cruz</u>
Debtor 2 (Spouse, if filing)	<u>Ramon D. Cruz-Nieves</u>
United States Bankruptcy Court for the:	<u>DISTRICT OF NEW JERSEY</u>
Case number (If known)	<u>19-24907</u>

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes.

Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Do not state the
dependents names.

Daughter

23

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
the value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,872.67

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues

5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<u>0.00</u>
4b. \$	<u>0.00</u>
4c. \$	<u>75.00</u>
4d. \$	<u>0.00</u>
5. \$	<u>0.00</u>

Debtor 1 **Edith Cruz**
 Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known) **19-24907**

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ 380.00
	6b. Water, sewer, garbage collection	6b. \$ 100.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 786.83
	6d. Other. Specify: _____	6d. \$ 0.00
7. Food and housekeeping supplies	7. \$ 825.00	
8. Childcare and children's education costs	8. \$ 0.00	
9. Clothing, laundry, and dry cleaning	9. \$ 205.00	
10. Personal care products and services	10. \$ 130.00	
11. Medical and dental expenses	11. \$ 50.00	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 400.00	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 125.00	
14. Charitable contributions and religious donations	14. \$ 0.00	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ 0.00	
15b. Health insurance	15b. \$ 321.00	
15c. Vehicle insurance	15c. \$ 187.00	
15d. Other insurance. Specify: _____	15d. \$ 0.00	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ 0.00	
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$ 532.00	
17b. Car payments for Vehicle 2	17b. \$ 0.00	
17c. Other. Specify: _____	17c. \$ 0.00	
17d. Other. Specify: _____	17d. \$ 0.00	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 0.00	
19. Other payments you make to support others who do not live with you. Specify: _____	\$ 0.00	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ 0.00	
20b. Real estate taxes	20b. \$ 0.00	
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00	
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00	
20e. Homeowner's association or condominium dues	20e. \$ 0.00	
21. Other: Specify: _____	21. +\$ 0.00	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ 5,989.50	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ 5,989.50	
22c. Add line 22a and 22b. The result is your monthly expenses.		
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ 7,055.01	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 5,989.50	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ 1,065.51	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1	Edith Cruz		
	First Name	Middle Name	Last Name
Debtor 2	Ramon D. Cruz-Nieves		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	19-24907		

Check if this is an amended filing

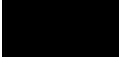
Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Edith Cruz

Edith Cruz

Signature of Debtor 1

Date August 22, 2019

X /s/ Ramon D. Cruz-Nieves

Ramon D. Cruz-Nieves

Signature of Debtor 2

Date August 22, 2019

Fill in this information to identify your case:

Debtor 1	Edith Cruz		
	First Name	Middle Name	Last Name
Debtor 2	Ramon D. Cruz-Nieves		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	<u>19-24907</u>		

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

Debtor 1	Gross income (before deductions and exclusions)	Debtor 2	Gross income (before deductions and exclusions)
Sources of income Check all that apply.	\$52,885.00	Sources of income Check all that apply.	\$-9,217.00
For last calendar year: (January 1 to December 31, 2018)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**Case number (if known) **19-24907**

Debtor 1		Debtor 2	
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For the calendar year before that: (January 1 to December 31, 2017) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips \$45,231.00 <input type="checkbox"/> Operating a business 		<ul style="list-style-type: none"> <input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business \$-1,887.00 	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No
 Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018)	\$0.00	1099 (Misc) Income	\$12,787.00

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Assisting Hands Home Care A/K/A TYCE LLC 513 West Mt. Prospect Avenue, Suite 111 Livingston, NJ 07039	7/5/19, 7/19/19	\$269.24	\$6,730.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
U.S. Bank National Association, as Trustee for MASTR Asset Backed Securities Trust 2006-WMC4, Mortgage Pass-Through Certificates, Series 2006-WMC4 v. Ramon Cruz, et als. F-009876-19	Foreclosure	Superior Court of New Jersey Somerset County Chancery Division, General Equity Part 20 North Bridge Street Somerville, NJ 08876	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
University Radiology Group v. Edith Cruz. DC-004932-18 Judgment No. VJ-000776-19	Breach of Contract	Superior Court Of New Jersey Somerset County, Law Div. Special Civil 40 North Bridge Street Somerville, NJ 08876	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**Case number (if known) **19-24907**

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Roger Chavez, Esq. Law Offices Of Roger Chavez 744 Broad Street, Suite 1600 Newark, NJ 07102		07/02/2019	\$3,750.00

001 Debtoedu, LLC A/K/A 001 Debtorcc, Inc. 372 Summit Avenue Jersey City, NJ 07306	For mandatory pre-bankruptcy credit counseling.	07/17/2019	\$15.00
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Debtor 1 Edith Cruz
Debtor 2 Ramon D. Cruz-Nieves

Case number (if known) 19-24907

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**Case number (*if known*) **19-24907****Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

 No Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

 No Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

 No Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

 No Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**Case number (*if known*) **19-24907** No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
Cruz N Trucking LLC 2 Kennedy Court North Plainfield, NJ 07062	Freight Trucking	EIN: 825-187-768 From-To 04/16/2018-Present (Not Operating)
Ramon D Cruz Nieves LLC 2 Kennedy Court North Plainfield, NJ 07062	Taxi/Limo Services	EIN: 831-131-447 From-To 07/06/2018-Present

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

 No Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ **Edith Cruz**
Edith Cruz
Signature of Debtor 1

/s/ **Ramon D. Cruz-Nieves**
Ramon D. Cruz-Nieves
Signature of Debtor 2

Date **August 22, 2019**Date **August 22, 2019**

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Edith Cruz
Debtor 2 (Spouse, if filing)	Ramon D. Cruz-Nieves
United States Bankruptcy Court for the:	District of New Jersey
Case number (if known)	19-24907

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- 3. The commitment period is 3 years.
- 4. The commitment period is 5 years.

Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

- Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).
- Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.
- All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.
- Net income from operating a business, profession, or farm

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ 4,795.09	\$ 0.00
\$ 0.00	\$ 0.00
\$ 1,400.00	\$ 0.00

Debtor 1	Debtor 2	Copy here -> \$	Debtor 1	Debtor 2	Copy here -> \$
Gross receipts (before all deductions)	\$ 0.00	\$ 4,131.83			
Ordinary and necessary operating expenses	-\$ 0.00	-\$ 1,971.67			
Net monthly income from a business, profession, or farm	\$ 0.00	\$ 2,160.16			
Net income from rental and other real property					
Gross receipts (before all deductions)	\$ 0.00				
Ordinary and necessary operating expenses	-\$ 0.00				
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00			

Debtor 1
Edith Cruz
Debtor 2
Ramon D. Cruz-Nieves

Case number (if known)

19-24907

7. Interest, dividends, and royalties

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you	\$ <u>0.00</u>
For your spouse	\$ <u>0.00</u>

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ <u>0.00</u>	\$ <u>0.00</u>
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10. Income from all other sources not listed above. Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
+ \$ <u>0.00</u>	\$ <u>0.00</u>

Total amounts from separate pages, if any.

11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ <u>6,195.09</u>	+ \$ <u>2,160.16</u>	= \$ <u>8,355.25</u>
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Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income**12. Copy your total average monthly income from line 11.** \$ 8,355.25**13. Calculate the marital adjustment.** Check one:

- You are not married. Fill in 0 below.
- You are married and your spouse is filing with you. Fill in 0 below.
- You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

\$ _____
\$ _____
+\$ _____
Total \$ <u>0.00</u>
Copy here=> - <u>0.00</u>

14. Your current monthly income. Subtract line 13 from line 12.\$ 8,355.25**15. Calculate your current monthly income for the year.** Follow these steps:15a. Copy line 14 here=> \$ 8,355.25

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form. \$ 100,263.00

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known)

19-24907

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live.

NJ

16b. Fill in the number of people in your household.

3

16c. Fill in the median family income for your state and size of household.

\$ **103,634.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. **Copy your total average monthly income from line 11 .** \$ **8,355.25**

19. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ **0.00**

19b. **Subtract line 19a from line 18.**

\$ **8,355.25**

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b

\$ **8,355.25**

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form

\$ **100,263.00**

20c. Copy the median family income for your state and size of household from line 16c

\$ **103,634.00**

21. How do the lines compare?

Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.

Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Edith Cruz

Edith Cruz

Signature of Debtor 1

Date **August 22, 2019**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

X /s/ Ramon D. Cruz-Nieves

Ramon D. Cruz-Nieves

Signature of Debtor 2

Date **August 22, 2019**

MM / DD / YYYY

Debtor 1
Debtor 2

Edith Cruz
Ramon D. Cruz-Nieves

Case number (if known)

19-24907

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **01/01/2019 to 06/30/2019**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Employer : Assisting Hands Home Care**

Constant income of **\$4,795.09** per month.*

Line 4 - Contributions to household expenses of the debtor or dependents

Source of Income: **Support from Debtors' Daughter**

Constant income of **\$400.00** per month.*

Line 4 - Contributions to household expenses of the debtor or dependents

Source of Income: **Support from Debtors' Daughter**

Constant income of **\$1,000.00** per month.*

Debtor 1 **Edith Cruz**
Debtor 2 **Ramon D. Cruz-Nieves**

Case number (if known) **19-24907**

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **01/01/2019** to **06/30/2019**.

Line 5 - Income from operation of a business, profession, or farm

Source of Income: **Ramon D Cruz Nieves LLC**

Constant income of **4,131.83** per month.

Constant expense of **1,971.67** per month.

Net Income **2,160.16** per month.

Debtor 1
Debtor 2

Edith Cruz
Ramon D. Cruz-Nieves

Case number (if known)

19-24907

***Paycheck Details:**

Assisting Hands Home Care

Date	Earnings	Overtime	Taxes	Other	Net Check
2019-06-21	28,770.51	0.00	4,788.94	116.33	23,865.24
2019-07-05	2,153.85	0.00	368.38	0.00	1,785.47
Totals:	30,924.36	0.00	5,157.32	116.33	25,650.71